



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes
Kentucky Secretary of State
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Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a:
- | | | | | | |
|--------------------------|-------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | profit corporation (KRS 271B) | <input checked="" type="checkbox"/> | nonprofit corporation (KRS 273) | <input type="checkbox"/> | professional service corporation (KRS 274) |
| <input type="checkbox"/> | business trust (KRS 386) | <input checked="" type="checkbox"/> | limited liability company (KRS 275) | <input type="checkbox"/> | professional limited liability company (KRS 275) |
| <input type="checkbox"/> | limited partnership (KRS 362) | | | | |

2. The name of the entity is PAM INSTITUTIONAL TAX LIEN FUND, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is ILLINOIS

5. The date of organization is 5/13/2011 and the period of duration is _____
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
2000 SOUTH BIRMINGHAM AVE, SUITE 520, GENEVA, ILLINOIS 60134
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
421 W. MAIN STREET FRANKFORT KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is CORPORATION SERVICE COMPANY

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

ALAN KORN 141 WEST JACKSON AVE SUITE 1340A CHICAGO ILLINOIS 60604
Name Street or P.O. Box City State Zip Code

JOHN V. CAHILL 2000 SOUTH BIRMINGHAM AVE SUITE 520 GENEVA ILLINOIS 60134
Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

[Signature]
Signature of Authorized Representative

JOHN V. CAHILL ADVISOR 2/7/13
Printed Name & Title Date

1. Corporation Service Company
I, _____, consent to serve as the registered agent on behalf of the business entity.

Elizabeth R. Konieczny
Signature of Registered Agent (01/12) Printed Name Title Date
Elizabeth R. Konieczny, Asst VP 2/11/13